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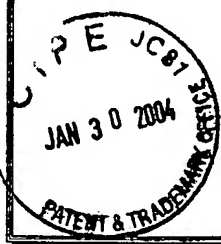
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Mail Stop Petitions
Commissioner of Patents
PO Box 1450
Alexandria, VA. 22313-1450

RE: Continuation application 10/687, 409

Filing Date" 10/14/03

Inventor: William F. Reeves

02/03/2004 AWONDAF1 00000143 10687409
01 FC:1460 130.00 DP

Dear Sir/Madam, 1/26/04

I am hereby petitioning the patent office to allow my application 10/687, 409 to receive and hold the filing date of 10/14/03. Enclosed is a check for \$130 for the petition fee. If my petition is granted I hereby request a refund of said fee.

The patent office (letter attached) has stated that the application 10/687,409 was filed without any drawings. We respectfully disagree with this statement and would point out the following:

1. The 10/687,409 application was filed with 9 drawings enclosed. I personally worked to prepare this application with my office manager and other staff members. We have procedures for checking each other work which act to catch such oversights and Trudy Moccia, office manager, as well as other clerical staff check my work and ensured the drawings were in the application (see attached memo from Trudy Moccia).
2. The 10/687,409 application is a continuation of parent 09/597,107. A notice of allowance was issued for 09/597,107 on 9/12/03 with all claims allowed. This parent contains the 9 drawings in question in the continuation.

Since a continuation by its very nature is an extension of a parent patent (same specification and drawings with new claims) any reasonable person would conclude that these 9 drawings were meant to be included in this continuation application.

3. As one can see from the specification of the continuation (same specification as parent) there are many clear references to all 9 drawings which were included in the package.

Again, any reasonable person would conclude that these 9 drawings were included in this continuation package and were intended to be part of this application.

4. The attached memo from Trudy Moccia is offered as objective evidence that MedDataNet has office procedures and protocols for preparing, checking and mailing patent applications and other documents. We would respectfully request that the patent office accept this memo as positive evidence that the drawings were included in the application.

In addition, we have included a copy of a checklist we used for this continuation application, right out of the patent office manual on patent preparation, which includes a check list item for drawings which we have checked as being included in the package.

With respect to the patent office, from our past experiences we know that it is not unusual for the patent office to misplace, mix or lose documents during its routine handling of said documents.

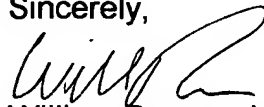
5. It is further pointed out that the original application was express mailed to the patent office on 10/14/03 and duly received by said patent office (see express mail documents).

6. It is further offered that these 9 drawings were immediately express mailed to the patent office when the deficiency letter was received. We request that this not prejudice the request for the 10/14/03 filing date. See express mail documents.

7. I would respectfully point out that I am a pro se inventor and I would request any such considerations as allowed under patent laws.

Again, we respectfully request and petition the patent office to allow the original 10/14/03 filing date to be permanent and the official and final filing date.

Sincerely,

A handwritten signature in black ink, appearing to read 'William Reeves', written in a cursive style.

William Reeves, inventor



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Telephone 203 / 288-1588 ~ Fax 203 / 288-1589 ~ Email info@meddatanet.com

Petitions Office
Mail Stop Petitions
Commissioner for Patents
PO Box 1450
Alexandria, VA. 22313

RE: Application 10/687, 409 William Reeves, Inventor

To Whom it may Concern,

1/26/04

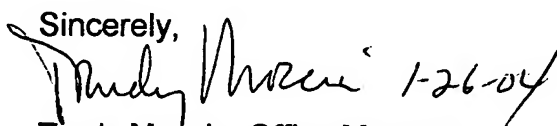
I am Trudy Moccia, office manager for MedDataNet.

I certify and attest that I aided Mr. Reeves in the preparation of patent application 10/687,409.

I certify and attest that I checked Mr. Reeves application and can positively identify that there were 9 patent drawings included in this application. These 9 drawings were part of the application which was mailed to the patent office as part of the original filing.

MedDataNet has procedures and protocols in place for the preparation, checking and approval of all patent applications and documents. Our procedures include a check list of items for a patent application which was taken directly out of the patent office handbook entitled "General Information Concerning Patent." We used these procedures to prepare, check and approve patent application 10/687,409 to ensure the application was properly prepared and included all the necessary parts under the checklist to ensure it was a complete application (including the 9 drawings in question).

Sincerely,

 1-26-04
Trudy Moccia, Office Manager

09/59.7, 107 Continuation Application
19/4/03 Checklist
**Specification
(Description and Claims)**

The following order of arrangement should be observed in framing the application:

- TM ✓ (a) Application transmittal form.
- N/A (b) Fee transmittal form.
- TM ✓ (c) Title of the Invention.
- TM ✓ (d) Cross Reference to related applications (if any).
- N/A (e) Statement of federally sponsored research/development (if any).
- N/A (f) Reference to a microfiche appendix (if any).
- TM ✓ (g) Background of the Invention.
- TM ✓ (h) Brief Summary of the Invention.
- TM ✓ (i) Brief description of the several views of the drawing (if any).
- TM ✓ (j) Detailed Description of the Invention.
- TM ✓ (k) Claim or claims.
- TM ✓ (l) Abstract of the disclosure.
- TM ✓ (m) Drawings (if any).
- TM ✓ (n) Executed oath or declaration.
- N/A (o) Sequence listing (if any).
- TM N/A (p) Plant Color Coding Sheet (applicable in plant patent applications).

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Application For Patent

Non-Provisional Application for a Patent

A non-provisional application for a patent is made to the Assistant Commissioner for Patents and includes:

- ✓ (1) A written document which comprises a specification (description and claims), and an oath or declaration;
- ✓ (2) A drawing in those cases in which a drawing is necessary; and
- ✓ (3) The filing fee. See the fee schedule.

All application papers must be in the English language or accompanied by a verified translation into the English language along with the required fee set forth in 37 CFR 1.17(k). All application papers must be legibly written either by a typewriter or mechanical printer in permanent dark ink or its equivalent in portrait orientation on flexible, strong, smooth, non-shiny, durable and white paper.

The papers must be presented in a form having sufficient clarity and contrast between the paper and the writing to permit electronic reproduction. The application papers must all be the same size—either 21.0 cm by 29.7 cm (DIN size A4) or 21.6 cm by 27.9 cm (8 1/2 by 11 inches), with a top margins of at least 2.0 cm (3/4 inch), a left side margin of at least 2.5 cm (1 inch), a right side margin of at least 2.0 cm (3/4 inch) and a bottom margin of at least 2.0 cm (3/4 inch) with no holes made in the submitted papers. It is also required that the spacing on all papers be 1 1/2 or double spaced and the application papers must be numbered consecutively (centrally located above or below the text) starting with page one.

The application for patent is not forwarded for examination until all required parts, complying with the rules related thereto, are received. If any application is filed without all the required parts for obtaining a filing date (incomplete or defective), the applicant will be notified of



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UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov

APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/687,409	10/14/2003	William Francis Reeves	

William Reeves
 c/o MedDataNet, LLC
 PO Box 23
 North Branford, CT 06471

CONFIRMATION NO. 8610

FORMALITIES LETTER



OC000000011484195

Date Mailed: 12/15/2003

NOTICE OF INCOMPLETE NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

A filing date has NOT been accorded to the above-identified application papers for the reason(s) indicated below.

All of the items noted below and a newly executed oath or declaration covering the items must be submitted within **TWO MONTHS** of the date of this Notice, unless otherwise indicated, or proceedings on the application will be terminated (37 CFR 1.53(e)). Replies should be mailed to: Mail Stop Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313-1450.

The filing date will be the date of receipt of all items required below, unless otherwise indicated. Any assertions that the item(s) required below were submitted, or are not necessary for a filing date, must be by way of petition directed to the attention of the Office of Petitions accompanied by the \$130.00 petition fee (37 CFR 1.17(h)). If the petition states that the application is entitled to a filing date, a request for a refund of the petition fee may be included in the petition. Petitions should be mailed to: Mail Stop Petitions, Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313-1450.

- The application was deposited without drawings. 35 U.S.C. 113 (first sentence) requires a drawing "where necessary for the understanding of the subject matter sought to be patented." *Applicant should reconsider whether the drawings are necessary under 35 U.S.C. 113 (first sentence).*

Replies should be mailed to: Mail Stop Missing Parts
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*A copy of this notice **MUST** be returned with the reply.*

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PART 2 - COPY TO BE RETURNED WITH RESPONSE



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Commissioner of Patents
PO Box 1450
Alexandria, VA 22313-1450

RE: 10/687,409

Inventor: William Reeves

Dear Sir/Madam,

12/22/03

Enclosed please find 9 drawings for this application per the attached notice. Als enclosed is a new declaration per the notice.

I swear that this application was placed in the US mail (express mail) by me on 12/22/03. Express mail label number EU-905716066 US

EU 905716066 US

Please call me or write if you have any questions or require additional information.

Sincerely,

William Reeves, inventor

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**Declaration
Submitted
With Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

First Named Inventor

William Reeves

COMPLETE IF KNOWN

Application Number

10/687,409

Filing Date

12/22/03

Art Unit

2636

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**Bodily Worn device for digital storage and retrieval of
emergency medical records and personal identification**

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

10/14/2003

as United States Application Number or PCT International

Application Number

10/687,409

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☐ Customer Number: OR ☒ Correspondence address below

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William Reeves, c/o MedDataNet, LLC

Address

PO Box 23

City

North Branford

State

CT

ZIP

06471

Country

USA

Telephone

203-288-1588

Fax

203-288-1589

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any])

William Francis

Family Name
or Surname

Reeves

Inventor's
Signature

Date

12/22/2003

Residence: City

State

Country

Citizenship

Mailing Address

City

State

ZIP

Country

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any])

Family Name
or SurnameInventor's
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

City

State

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☐

Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

FIG. 1

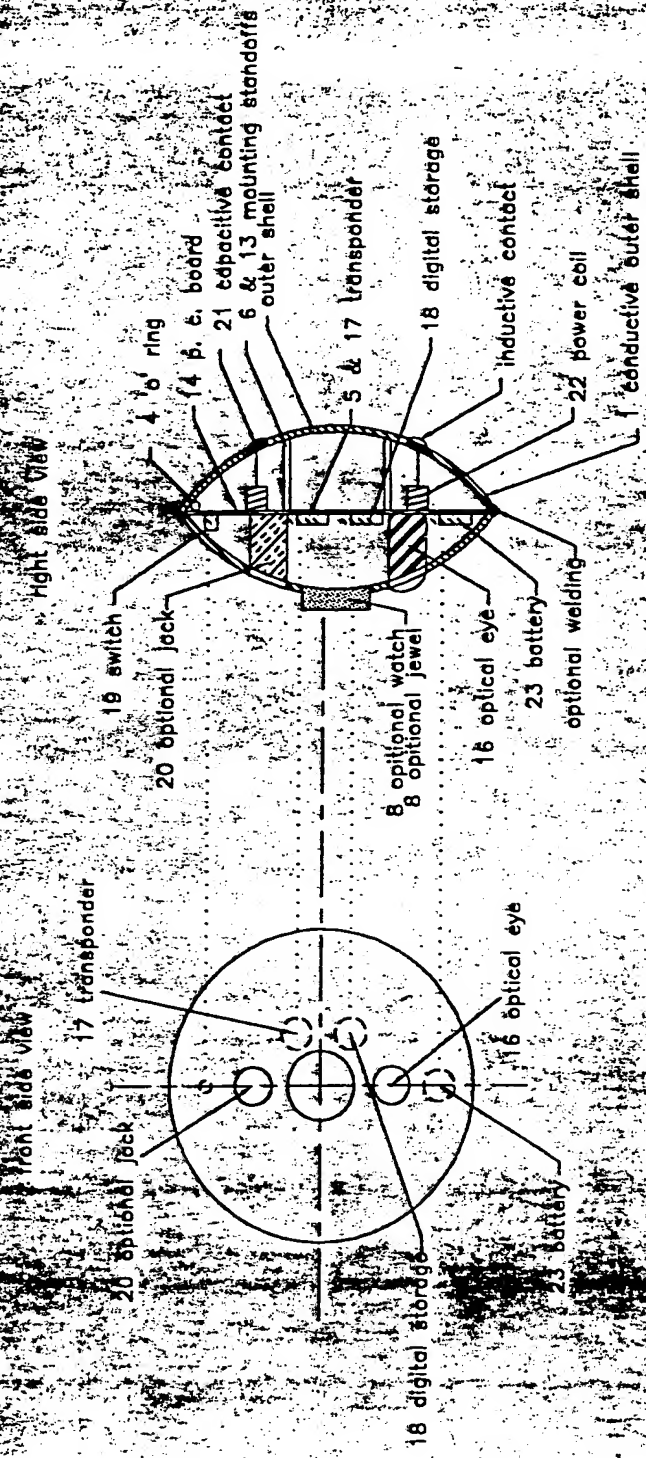
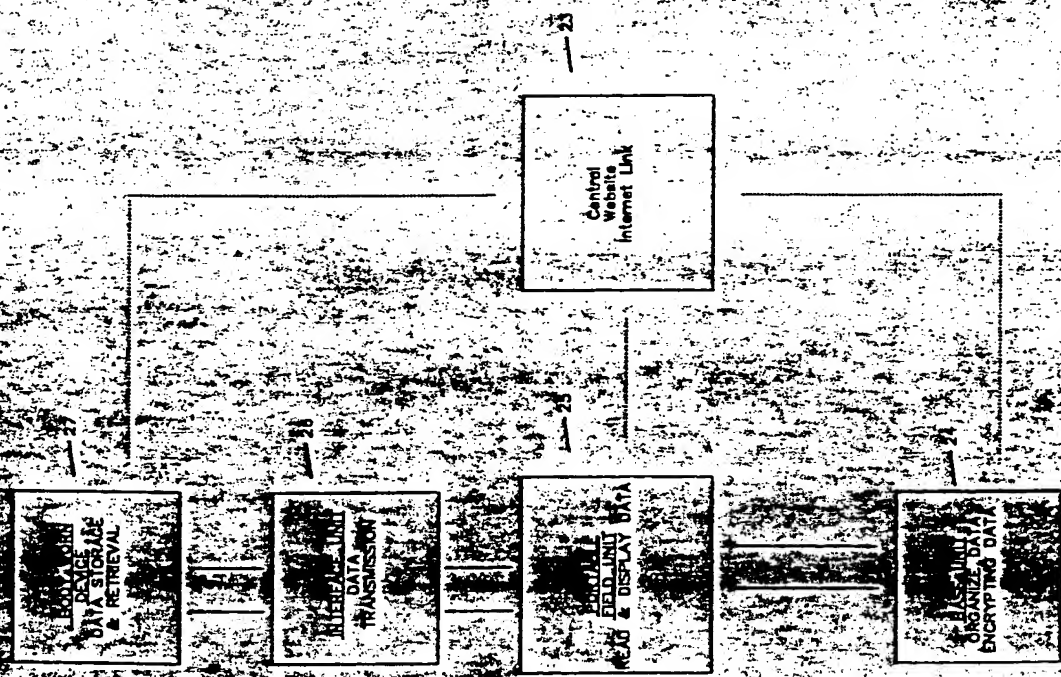


FIG. 2



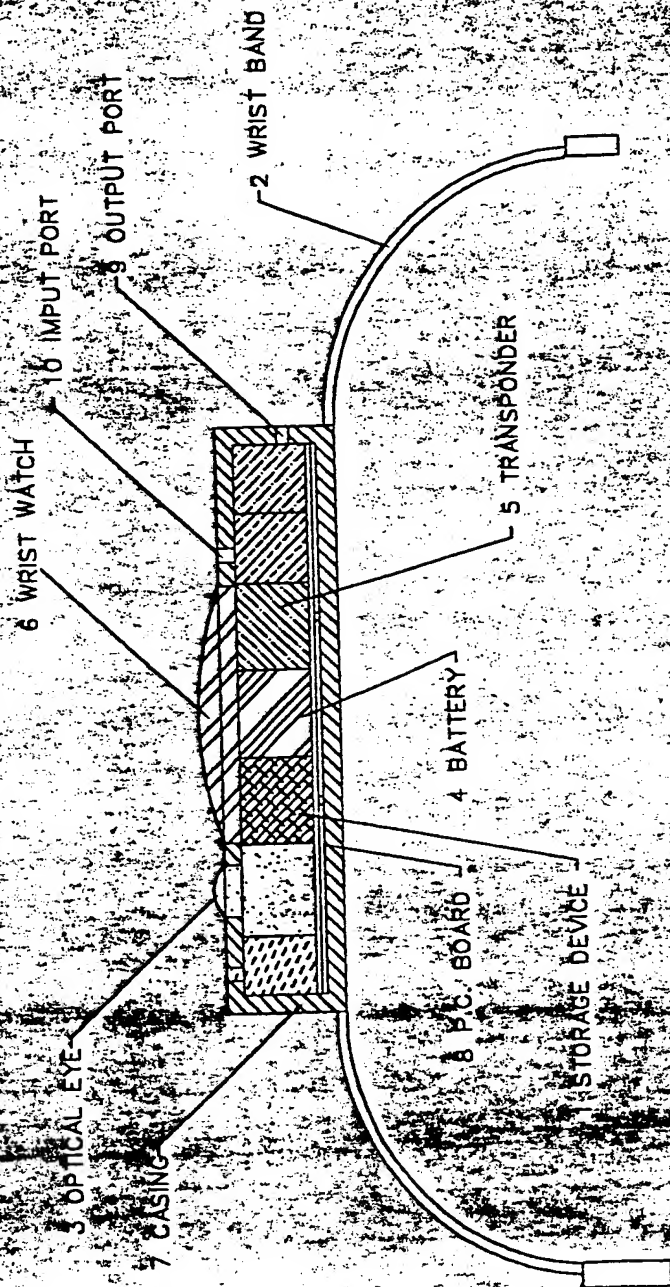
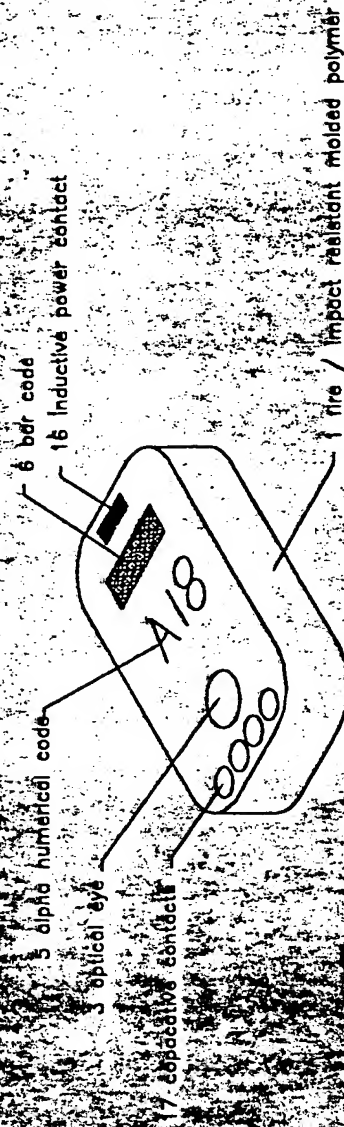
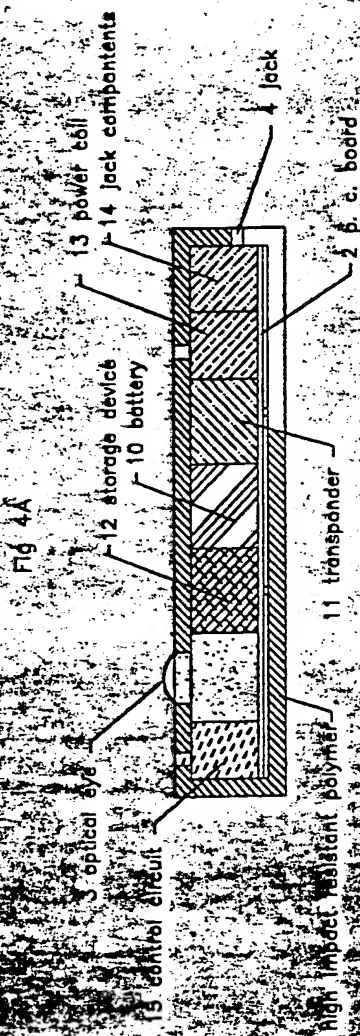
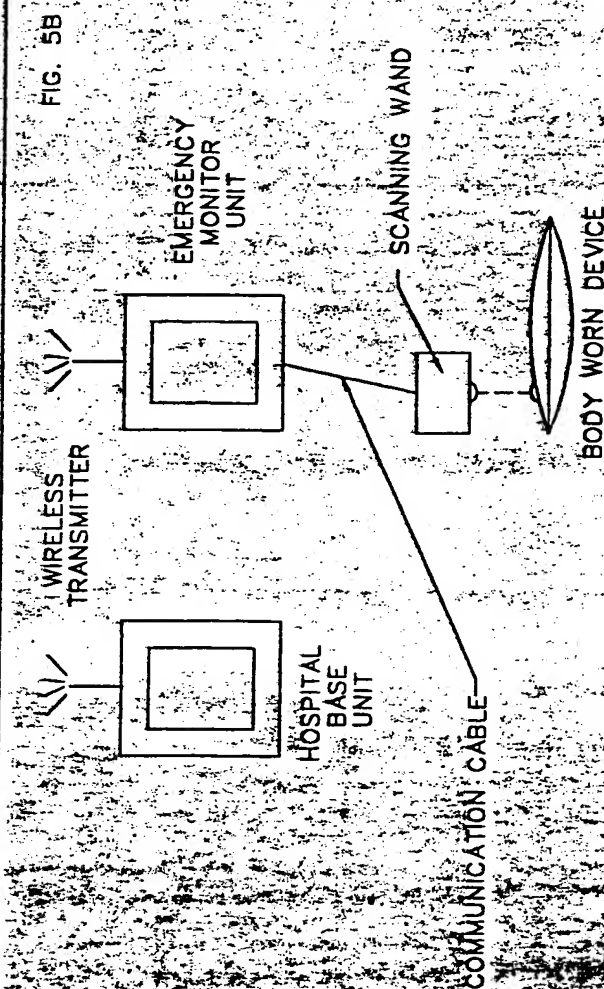
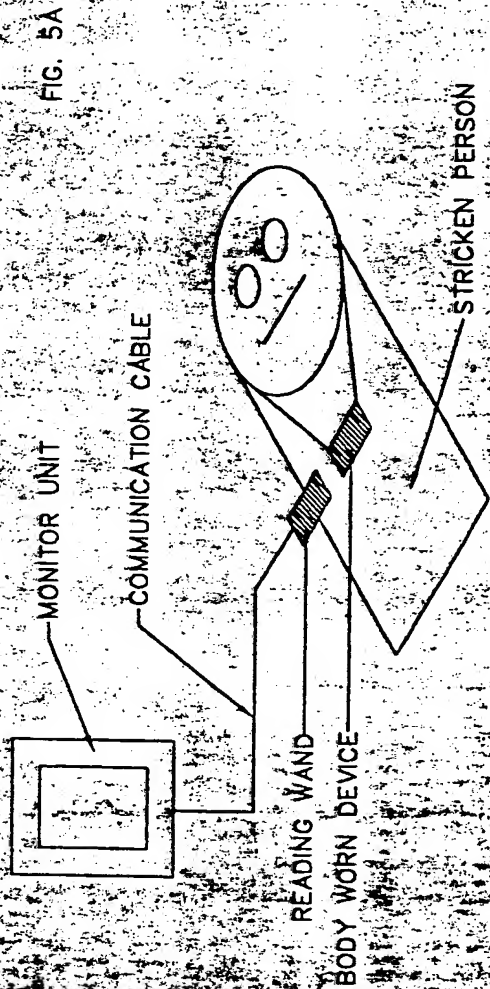


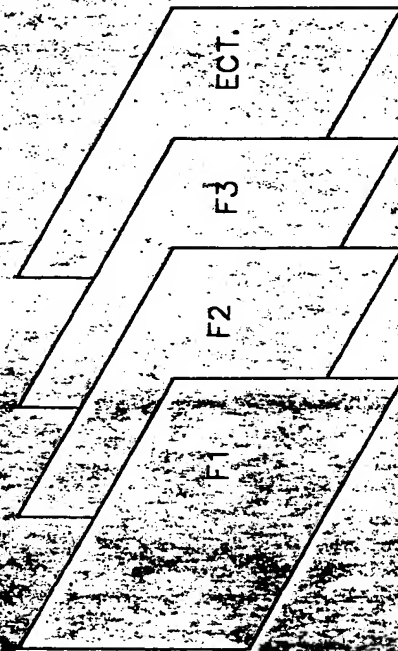
FIG. 3

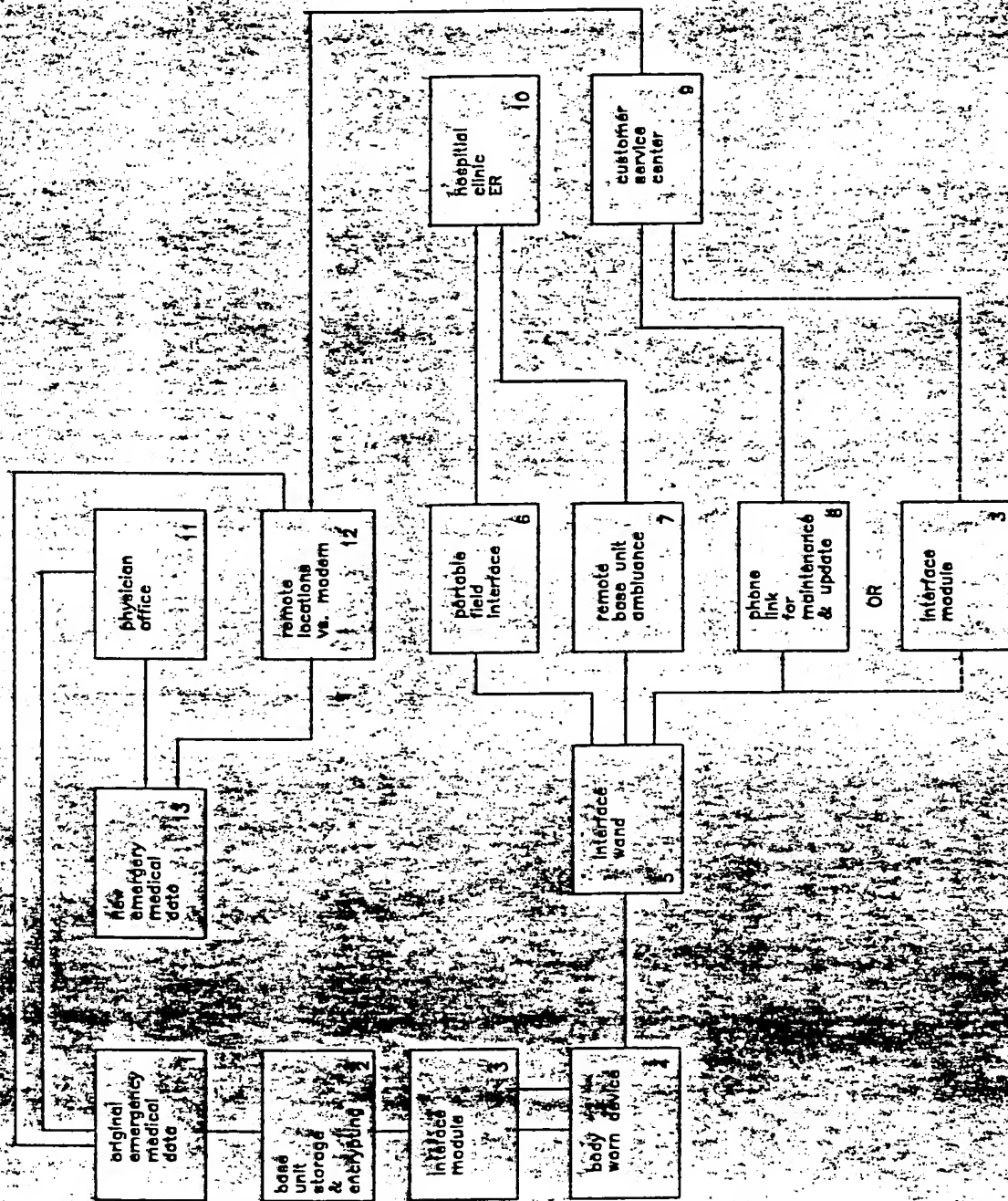




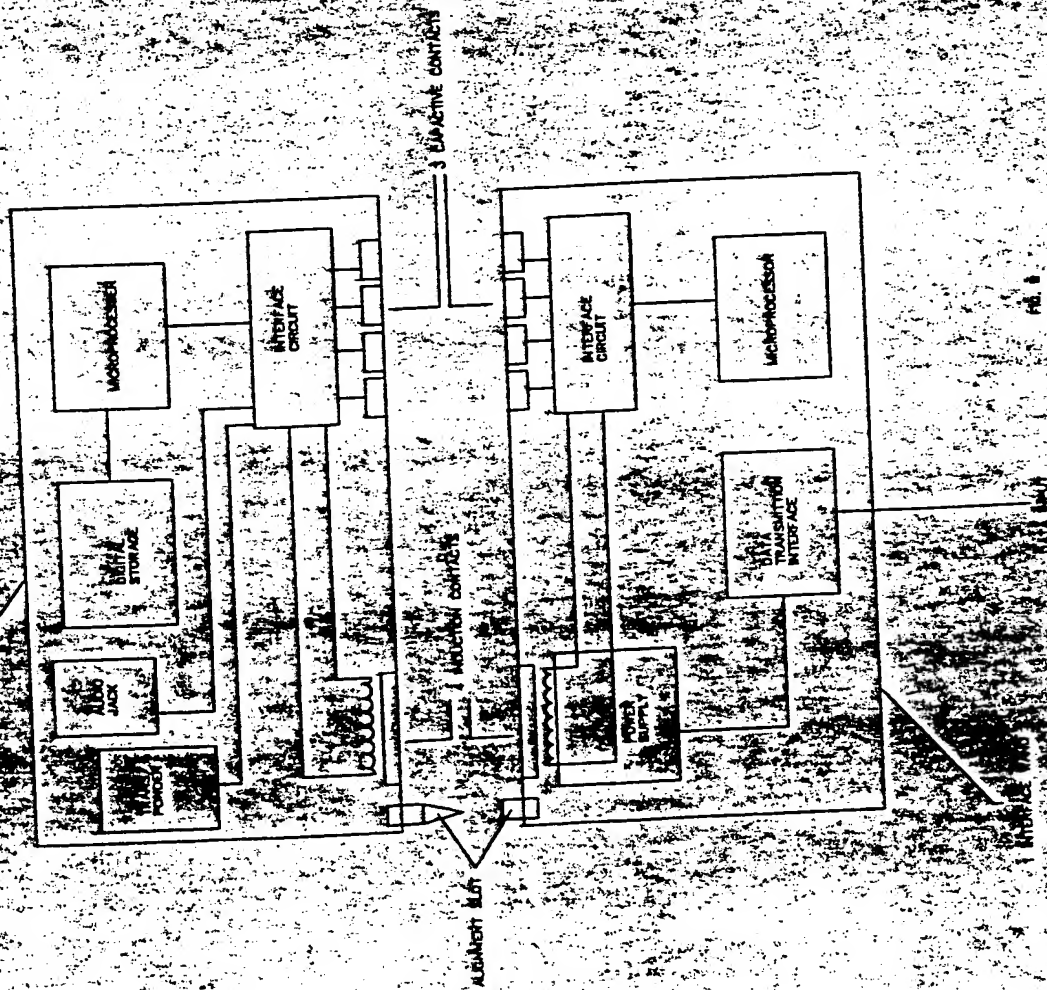
PAT 116

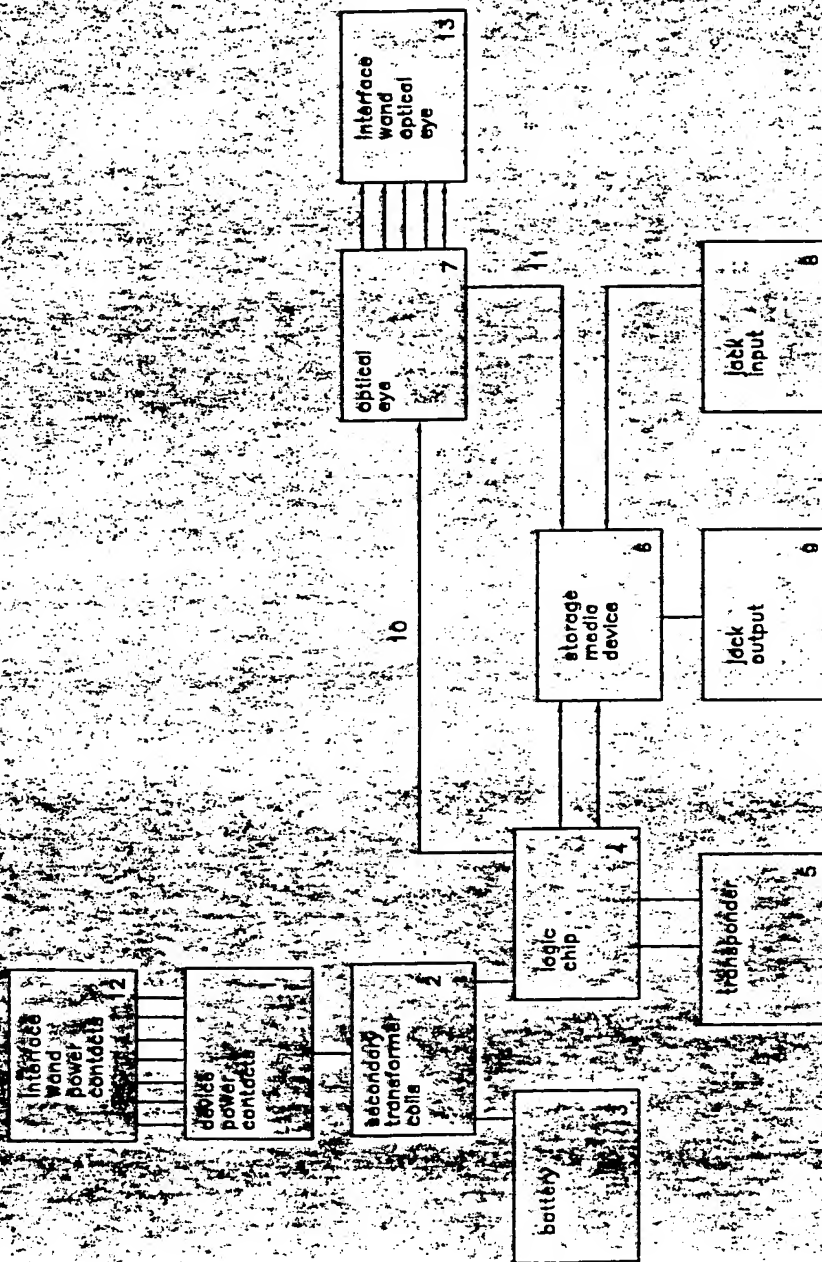
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ORGAN DONOR INSTRUCTIONS:				
LIVING WILL INSTRUCTIONS:				





PAT. FIG. 7





PAT. FIG. 8

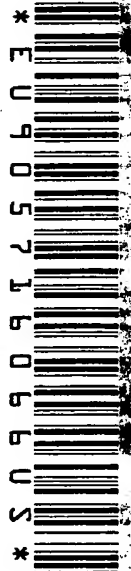


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1. Exp. Mail PO-ADD

Destination:

22313

Weight:

Postage type:

PVI

3.80oz

15.40

Base Rate:

13.65

Label #:

EU905716066US

Return Receipt

2. 37c Stamp

10 @ 0.37

Subtotal

19.10

19.10

19.10

Personal/ Business Check

19.10

Order stamps at USPS.com/shop or call

1-800-Stamp24. Go to

USPS.com/clickship to print shipping

labels with postage. For other

information call 1-800-ASK-USPS.

Thank You

Please come again!

Number of Items Sold: 11

1. Exp. Mail PO-ADD

Destination:

22313

Weight:

Postage type:

PVI

3.80oz

15.40

Base Rate:

13.65

Label #:

EU905716066US

Return Receipt

2. 37c Stamp

10 @ 0.37

Subtotal

19.10

19.10

19.10

Personal/ Business Check

19.10

Order stamps at USPS.com/shop or call

1-800-Stamp24. Go to

USPS.com/clickship to print shipping

labels with postage. For other

information call 1-800-ASK-USPS.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
*Commissioner of Police
 Police Application Branch
 2011 South Church Ave
 Capital Plaza
 Arlington, VA 22204*

2. Article Number (Copy from service label)

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 C. Signature
☒ Agent ☐ Addressee
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☒ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

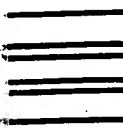
EF 323034941US

Domestic Return Receipt 02595-99-M-1789

UNITED STATES POSTAL SERVICE

• Sender: Please print your name, address, and ZIP+4 in this box.

*McL Dita Net, LLC
 PO Box 23
 North Branford, CT
 06471*



First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10



**UNITED STATES
 POSTAL SERVICE**

**** WELCOME TO ****

NORTH BRANFORD
 NORTH BRANFORD, CT 06471-9998
 10/14/03 08:29AM

Store USPS	Trans 14
Wkstn sys5003	Cashier KDC8FV
Cashier's Name	Jen
Stock Unit Id	SIAJEN
PO Phone Number	203-488-5541
USPS #	0833690471

1. Exp. Mail PO-ADD	13.65
Destination:	22202
Weight:	7.30oz
Postage Type:	PVI
Total Cost:	13.65
Base Rate:	13.65
Label#:	
EF323034941US	

Subtotal	13.65
Total	13.65

DebitCard	13.65
Purchase	13.65
Cash Back	0.00

Number of Items Sold: 1

Thank You
 Please come again!

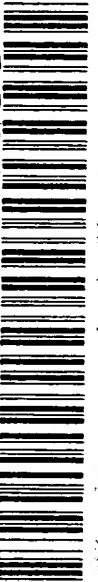
POST OFFICE



TO ADDRESSEE

UNITED STATES POSTAL SERVICE™

* E F 3 2 3 0 3 4 9 4 J U S *



SEE REVERSE SIDE FOR
SERVICE GUARANTEE AND
INSURANCE COVERAGE LIMITS

Customer Copy
Label 11-B (May 2000)

ORIGINAL (POSTAL USE ONLY)

PO ZIP Code	Day of Delivery	Flat Rate Envelope
060411	<input checked="" type="checkbox"/> Next <input type="checkbox"/> Second	<input type="checkbox"/>
Date M 10/14/03	<input checked="" type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$ 13.05
Time In 8:30 AM	<input type="checkbox"/> Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee
Weight 7.90 lbs	Int'l Alpha Country Code	COD Fee Insurance Fee
<input type="checkbox"/> No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Total Postage Fee \$ 13.05

CUSTOMER USE ONLY

METHOD OF PAYMENT	
Express Mail Corporate Acct. No.	1111
Postal Agency Acct. No. or Postal Service Acct. No.	
<input type="checkbox"/> WARRANTY OF DELIVERY (Guarantees ONLY when sent by 10:00 AM, without obtaining separate proof of delivery. See reverse side for details. Delivery guarantee applies to all mail sent by 10:00 AM, without obtaining separate proof of delivery. See reverse side for details.) <input type="checkbox"/> NO DELIVERY (Guarantees ONLY when sent by 10:00 AM, without obtaining separate proof of delivery. See reverse side for details.)	

FROM: PLEASE PRINT	PHONE () 288-1581
MAILING ADDRESS Mr. & Mrs. M. L. Lee P.O. Box 23 North Beach, Fla. 335 0247	
TO: PLEASE PRINT COMM. SEC. OF C. OF D. 10/14/03 Post Office - New Beach 2011 St. Clair Ave. Crystal Beach, VA 22802	

FOR PICKUP OR TRACKING CALL 1-800-222-1811

www.usps.com

